



STATE OF WASHINGTON  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES

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## STATE REFERENCE FORM

**Applicant/Licensee name:** \_\_\_\_\_

**Your State's License Type:** \_\_\_\_\_ **License #:** \_\_\_\_\_

Dear fellow regulators: The above mentioned company has applied to this office for a license under the Washington State Consumer Loan Act, Chapter RCW 31.04. Please complete the questions below and return this form (via fax or mail) to Washington as soon as possible so we may continue to process this license application.

**Agency completing this form:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

Does your state have a website that would give us this information on line? \_\_\_\_\_

1. Provide the name, date of issue, and the type of license issued to the applicant or entity?
2. Have you received consumer complaints or found it necessary to consider enforcement action?
3. If a license was issued to the above company by your agency, did you conduct an investigation prior to issuance to determine moral character, financial responsibility and general fitness of the applicant?
4. Additional Comments:

If you need more space, please attach an additional page.